Self Employment
Verification of Hours Worked
Worksheet

| Date: | | | |
|-------------|--|------------------------|--------|
| JAS ID or S | SSA | | |
| Parent's Na | ame | | |
| Business N | lame: | | |
| UBI Numbe | er or SSA (Supporting Docureturn): | umentation – such as b | |
| Income: | Example: (Record Billing In | voices) | |
| | | | |
| Total Inc | | me: | |
| Expenses: | Example: (Record expenses; material costs; overhead costs) | | |
| | | | |
| | | Total Expe | enses: |
| Self-employ | yment Formula: | | |
| • Gross | s Monthly Business Receipts | s (income): | |
| | ract allowable business expe the gross monthly business | | |
| • Divid | e the result by the federal m | inimum wage (\$6.55.) | |
| • The r | result is the number of self-e | mployment hours per mo | onth. |
| • Divide | e the number of hours per m | onth by 4.33. | |
| The re | esult is the number of hours p | oer week. | |
| Verified b | y Counselor: (Print Name) | | |
| Signature | 7. | Date [.] | |